

Fiscal 2005

TAXPAYER INFORMATION FOR LOW INCOME ELDERLY AND DISABLED

You may be eligible to reduce a portion of the taxes assessed on your domicile if you meet the qualifications for low income elderly or disabled allowed under Massachusetts law.

Qualifications vary, but generally relate to age, ownership, residency, disability, income, and assets.

Where applicable, income asset verification for the previous calendar year will be required. A recent bank statement will also be required.

Applications must be filed annually, 3 months from the mailing of the actual tax bill (usually from January 1 through March 31).

LOW INCOME ELDERLY AND DISABLED

Must own and occupy the property as domicile.

Must have been a resident of Framingham for not less than five (5) years.

IF SINGLE

Must be 60 years of age or over as of July 1, 2004.

Gross receipts from all sources for calendar year 2004 cannot exceed \$30,000.

Total estate, excluding domicile, cannot exceed \$100,000 as of July 1, 2004.

IF MARRIED

Only one partner needs to be 60 years of age or over as of July 1, 2004.

Gross receipts from all sources for calendar year 2004 cannot exceed \$40,000.

Total estate, excluding domicile, cannot exceed \$200,000 as of July 1, 2004.

IF DISABLED

Must have SSDI or private disability insurance and meet the income guidelines above.

**Town of Framingham
Tax Relief Committee
C/o The Treasurer's Office
Framingham, MA 01702**

AID TO THE ELDERLY AND DISABLED TAXATION FUND APPLICATION

Note: Applications should be filed by mail or in person with the Tax Relief Committee. Applications are due between January 1st and March 31st, which is after the mailing of the Real Estate Tax Bills. Applicants will receive the committee's decision by May 15th.

Applicant Guidelines

You must:

- Be 60 years or older OR
- Have a state recognized disability

AND

- You must be low income

Program Guidelines

- \$500 cap per year*
- You must pay your tax bill even if you complete this application. A refund check will be sent to you if you are granted tax relief.
- Application is valid for one year. You must reapply each year, if you are seeking relief.

Date of application: ____/____/____

Property owner (name as it appears on your tax bill): _____

Street Address: _____

How long have you resided at this address? _____

How long have you lived in Needham? _____

Home Telephone: _____ Work Telephone: _____

Are you disabled? ____ Yes ____ No If yes, what is your SSDI Number? _____

Have you ever applied for or received any exemption for your tax bill?

____ Yes ____ No

If yes, please list when: _____

*Under certain circumstances, when funds exceed applications by qualified applicants, the committee may consider giving an additional grant to applicants showing extreme hardship.

All information provided is held in strict confidence.

TOWN OF FRAMINGHAM TAX RELIEF FUND APPLICATION

Please complete the following chart for all those who reside at this address.

Name/Employer Yearly Income	Date of Birth	Retired	Working	Unemployed	Disabled
Example: John Johnson Acme Supermarket \$8,000	11/11/1921		X		

From the following list, please check those areas where you obtain income and provide verification:

- | | |
|--|--|
| <input type="checkbox"/> IRS 1099 Form (INT, DIV, MISC)
<input type="checkbox"/> W2 forms
<input type="checkbox"/> Trust Income
<input type="checkbox"/> General Relief
<input type="checkbox"/> Social Security
<input type="checkbox"/> SSI
<input type="checkbox"/> Unemployment
<input type="checkbox"/> Pension
<input type="checkbox"/> VA or other Veteran's Benefits
<input type="checkbox"/> Alimony/Child Support | <input type="checkbox"/> Please list other income below
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> Please list other assets. For example: 401K plans, stocks, certificates of deposit.
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> Check if no other assets |
|--|--|

Total Yearly Income:_____

Please verify all income and assets for all members of the household, 18 years and older by attaching copies of official documents to this application. This includes all unearned income (for example, Social Security.)

Please provide the final calendar year 2002 for all bank statements for all members of the household, 18 years and older.

How many automobiles do you own? Please list below.

Automobile	Year	Make	Registered	Unregistered

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TOWN OF FRAMINGHAM TAX RELIEF FUND APPLICATION

Are your monthly expenses lower than \$1,600 for single applicants or \$2,400 for couples?

_____ ***Yes:*** please skip the Expenses Section.

_____ ***No:*** Please list your expenses for a typical month (or year for bills paid annually):

Expenses

	Monthly	Yearly		Monthly	Yearly
Mortgage	\$_____	\$_____	Food	\$_____	\$_____
Electric/Gas	\$_____	\$_____	Phone	\$_____	\$_____
Cable	\$_____	\$_____	Water/Sewer	\$_____	\$_____
Medical (insurance and other expenses)	\$_____	\$_____	Prescriptions	\$_____	\$_____
Clothing	\$_____	\$_____	Entertainment	\$_____	\$_____
Automobile (gas, loan, insurance)	\$_____	\$_____	Home insurance	\$_____	\$_____
Life Insurance	\$_____	\$_____	Other Expenses	\$_____	\$_____

Other Information

Please provide a list and copy of any overdue bills.

If you would like to provide any additional comments on why you are seeking assistance with your tax bill, please include a brief description of your situation below. (Attach additional sheets if necessary)._____

(Fill in the blank) I am able to pay \$_____ towards my annual tax bill.

The information provided in this application is true and correct to the best of the knowledge of the undersigned person.

Signature: _____ Date: _____

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